



MILPITAS TEEN CENTER **REGISTRATION FORM**

Please Print

Today's Date: ____/____/____ Parent/Legal Guardian Name: _____

Participant Name: _____ Birth date: _____

Home Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

School: _____ Grade: _____

Emergency Contact/Relationship: _____/_____ Phone Number: _____

Medical Information and Liability Release

This information is confidential and will be kept on file. Please check the condition(s) that apply to your participant.

____ Asthma ____ Diabetes ____ Allergies ____ Other _____

Please list any allergies your participant may have: _____

Please list any medications your participant is prescribed: _____

Code of Conduct/Teen Center Parent/Participant Handbook

I, _____, have read the Code of Conduct, located in the Teen Center Participant Handbook and have received the Teen Center Participant Handbook, and understand that my child will be held accountable to and responsible for the Milpitas Teen Center Code of Conduct and any action taken if the Code of Conduct is not followed.

Release of Liability

I, _____, declare that I am the parent/legal guardian of _____.
I, the undersigned, do hereby agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury, which me be suffered by the aforementioned individual arising out of in any way connected with his/her participation in this activity. I also agree as a participant of any paid or free event, class activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures, or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate.

Signature: _____

Print Name: _____

Parent _____

Guardian _____

Staff Only

Date Received _____

Membership Card Printed _____

Group Home Contacted _____

Staff Initials _____